	WASTE SHIPMENT RECORD						
	1. WORK SITE NAME AND MAILING ADDRESS		OWNER'S NAME	OWNER'S PHONE #			
GENERATOR	2. OPERATOR'S NAME AND ADDRESS			OPERATOR'S PHONE #			
	3. WASTE DISPOSAL SITE (WDS) NAME MAILING ADDRESS AND PHYSICAL SITE LOCATION			WDS PHONE #			
	4. NAME AND ADDRESS OF RESPONSIBLE AGENCY						
AT(5. DESCRIPTION OF MATERIALS		6. CONTAINERS # TYPE	7. TOTAL QUANTITY m3 (yd3)			
)R	8. SPECIAL HANDLING INSTRUCTIONS AND ADDITIONAL INFORMATION						
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.						
	PRINTED/ NAME & TTTLE	SIGNATURE		MONTH/ DAY/ YEAR			
TRANSPORTER	10. TRANSPORTER 1 (ACKNOWLEDGMENT OF RECEIPT OF MATERIALS)						
	PRINTED/ NAME & TTILE	SIGNATURE		MONTH/ DAY/ YEAR			
	ADDRESS & TELEPHONE NUMBER						
19	11. TRANSPORTER 2 (ACKNOWLEDGMENT OF RECEIPT OF MATERIALS)						
RTI	PRINTED/ NAME & TITLE	SIGNA	TURE	MONTH/ DAY/ YEAR			
R	ADDRESS & TELEPHONE NUMBER						
DISPOSAL SITE	12. DISCREPANCY INDICATION SPACE						
	13. WASTE DISPOSAL SITE OWNER OR OPERATOR: CERTIFICATION OF RECEIPT OF ASBESTOS MATERIALS COVERED BY THIS MANIFEST EXCEPT AS NOTED IN ITEM 12						
	PRINTED/ NAME & TITLE	SIGNATURE		MONTH/ DAY/ YEAR			
 	GREENWOOD COUNTY LANDFILL PHONE 942-8754 FAX 942-8756						



Notification of Residential Asbestos Abatement Project

(Home Owner Form)

ASBESTOS SECTION - 2600 BULL STREET - ĆOLUMBIA - SC - 29201 PHONE (803) 898-4289 - FAX (803) 898-4281

Offi	ice Use Only: Project License No.:						
I.	NAME OF HOME OWNER:						
	MAILING ADDRESS: PH			.)			
	CITY:	STATE:		_ ZIP:			
H.	SITE ADDRESS (physical location preferred):	77.54	78.6	- May - 44			
	CITY:	_ STATE:		_ ZIP:			
III.	PROCEDURE(S) USED TO REMOVE ASBESTOS MATERIAL:						
			·-				
IV.	ASBESTOS-CONTAINING MATERIALS (ACM) TO BE REMOVED:						
	TYPE (SIDING, FLOORING, ROOFING, OTHER)	AMOUNT (SQUARE FEET, LINEAR FEE	T, LBS., BAGS,	CONDITION (i.e. crumbled, pulverized, powder, large sections)			
		· · · · · · · · · · · · · · · · · · ·					
		V-10-					
V.	SCHEDULED DATES OF REMOVAL: Start Date: Completion Date:						
VI.	WASTE DISPOSAL SITE:						
	ADDRESS:						
	СПҮ:	STATE:		ZIP:			
	CONTACT PERSON:		PHONE: ()				
VII.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.						
	(SIGNATURE OF OWNER/OPERATOR) (DATE)						

For additional information concerning regulatory requirements call or visit our web site at http://www.state.sc.us/dhec/asb_home.htm

Disclaimer: Although the removal of asbestos containing material in private residences is not generally regulated, the Department does not recommend that any untrained person engage in such activity. Contractors specializing in asbestos abatement can be found in your local yellow pages. A list of licensed asbestos abatement contractors is also available through the Department free of charge.